

**Testimony of Gretchen Raffa, MSW**  
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**Planned Parenthood of Southern New England, Inc.**

**In support of Raised Senate Bill 206, An Act Authorizing Pregnancy as a Qualifying Event for Special Enrollment Periods for Certain Individuals**

Senator Larson, Senator Kelly, Representative Scanlon, and honorable members of the Insurance and Real Estate Committee, my name is Gretchen Raffa, Director of Public Policy, Advocacy and Strategic Engagement at Planned Parenthood of Southern New England testifying in support of raised Senate Bill 206, *An Act Authorizing Pregnancy as a Qualifying Event for Special Enrollment Periods for Certain Individuals*. Planned Parenthood of Southern New England serves over 60,000 patients yearly for reproductive and sexual health services in 17 health centers across the state. As a health care provider and advocate, Planned Parenthood's top priority is ensuring that all individuals have access to the health care and information they need, including the full range of reproductive health services and education, to make positive reproductive health decisions and plan their families.

With the Affordable Care Act we saw great advances in women's health and health care coverage—one of the important benefits it brought was coverage for pregnancy, maternity and newborn care as one of the ten essential health benefits that must be included in plans sold on the health insurance marketplaces. Pregnancy care coverage has begun to positively impact our state's maternal mortality and morbidity and infant mortality rates. Yet alarmingly, the U.S. is the only developed country with a maternal mortality ratio that has increased since 1990 despite improvements in health care.<sup>i</sup> The fact is Black women in the U.S. are three and-a-half times more likely to die from pregnancy-related causes than their white counterparts.<sup>ii</sup> Black babies are 49 percent more likely to be born prematurely and twice as likely to die before their first birthdays.

Health care coverage during pregnancy is important because basic treatment and preventative care serve as a boundary between healthy motherhood and a woman's maternal mortality or serious morbidity. According to the World Health Organization most of the complications developed during pregnancy are preventable and treatable. Moreover, if women have pre-existing complications, those are worsened during pregnancy if not properly managed. Women need care at all stages. They need prenatal care or care before birth, skilled care during birth, and care after birth, all of which can be afforded to them through health insurance<sup>iii</sup>.

Furthermore, the healthy birth of babies relies heavily on the care that their mothers receive. The March of Dimes estimates that premature births and low birthweight babies cost on average twelve times more in health care costs, as the average medical cost for a premature baby is over \$55,000, while the average medical cost for a healthy baby is under \$5,000. As those children grow and existing complications exist or related complications arise, the costs only increase.<sup>iv</sup> Severely morbid babies and mothers lead to significant expenditures, which pregnancy special enrollment periods can help avoid.

We have heard fears that the special enrollment periods would unbalance the health insurance risk pool by allowing individuals to prolong the purchase of insurance, which would then increase costs to insurers who would subsequently relay those expenses to consumers. However, New York and Vermont, the two states that have had special enrollment periods for pregnant individuals for over two years now, have yet to experience such effects. Being that the pregnancy complications, severe maternal and child morbidity and child and maternal mortality lead to significant expenditures health expenditures, the slight premium increases that may occur in any given year, due to the implementation of special enrollment periods for pregnant individuals would certainly be outweighed in the long run. Without insurance coverage and *even without serious medical complications*, maternity care and delivery can cost a woman and her family \$10,000 to \$20,000. With medical complications to mother or newborn, the cost of care and delivery out-of-pocket can be devastating. A woman who lacks access to an insurance plan that covers maternity care may forgo prenatal care altogether, because she cannot afford it. Having access to purchase insurance would support a woman's economic security throughout the pregnancy process.

While many pregnancies are healthy and uneventful, pregnancy itself can trigger a range of significant health conditions from diabetes to pre-eclampsia that, left untreated during the prenatal period, may cause grave danger to both woman and fetus. The serious health risks and high costs associated with pregnancy complications, the continued existence of

plans that do not cover maternity care, and the fact that despite dramatic decreases in unintended pregnancy, nearly half of pregnancies in America are unintended all point to the wisdom of establishing a Special Enrollment Period for pregnancy. The American College of Obstetricians and Gynecologists estimates that pregnancy-related maternal mortality is 3-4 times higher among women who receive no prenatal care than women who receive prenatal care.

Planned Parenthood of Southern New England has long fought for a woman's right to control her reproductive destiny which includes planning her family, having a healthy pregnancy, giving birth to a healthy child and raising her family in safe and healthy environments. We urge you to support raised Senate Bill 206 to provide further options to gain health care coverage during pregnancy and take another important step in making maternal health a priority in our state.

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<sup>i</sup> Kassebaum, N. J., Barber, R. M., Bhutta, Z. A., Dandona, L., Gething, P. W., Hay, S. I., ... & Lopez, A. D. (2016). Global, regional, and national levels of maternal mortality, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *The Lancet*, 388(10053), 1775-1812.

<sup>ii</sup> Creanga, A. A., Syverson, C., Seed, K., & Callaghan, W. M. (2017). Pregnancy-related mortality in the United States, 2011–2013. *Obstetrics & Gynecology*, 130(2), 366-373.

<sup>iii</sup> World Health Organization (WHO). (2016). Maternal mortality. Retrieved from <http://www.who.int/mediacentre/factsheets/fs348/en/>

<sup>iv</sup> March of Dimes. (2014). Premature Babies Cost Employers \$12.7 Billion Annually. Retrieved from <https://www.marchofdimes.org/news/premature-babies-cost-employers-127-billion-annually.aspx>